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## MOBILE HOUSING BOARD

[www.mhb.gov](http://www.mhb.gov)

### Unit Re-Inspection Owner Self-Certification

(MHB Inspections must receive this form within third days of the current year's biennial inspection or we will begin to abatement of HAP.)

#### Landlord Certification

The Mobile Housing Board conducted an inspection of \_\_\_\_\_ on  
(Property Address)

\_\_\_\_\_ which is occupied by participant family \_\_\_\_\_.  
(Inspection date) (Head of Household)

I, \_\_\_\_\_ certify the required repairs were completed on \_\_\_\_\_.  
(Owner/Representative) (Date)

\_\_\_\_\_  
(Owner/Representative Signature) (Owner Email Address) (Date)

**ATTENTION LANDLORD/REPRESENTATIVE :** \*Fraudulent certifications are subject to recoupment of any/all monies paid out based on this certification. It will also deny your right to submit any self-certifications for any properties in the future, subsidized by the HCV Program.

#### Participant Certification

I, \_\_\_\_\_ HCV participant hereby certify the requested repairs were  
(Head of Household)

completed as required.

\_\_\_\_\_  
Participant signature (Head of Household) (Participant/Tenant Email Address)

\_\_\_\_\_  
(Date) (Participant Phone Number)

**Attention Tenant: DO NOT SIGN FORM IF YOUR REPAIRS HAVE NOT BEEN MADE!**

**NOTE:** \*Fraudulent certifications are subject to recoupment of any/all utility assistance paid based on this certification.

\*\*\*\*\*HCV OFFICE USE ONLY\*\*\*\*\*

Date Form Returned \_\_\_\_\_

Quality Control Check – Repairs Completed: Yes \_\_\_\_ No \_\_\_\_

Participant Contacted \_\_\_\_\_ Date/Time of Contact \_\_\_\_\_  
(Name)

Is re-inspection by staff required. Yes \_\_\_\_ No \_\_\_\_ . If yes, list reinspection date \_\_\_\_\_.

If no, date forwarded for processing \_\_\_\_\_.

\_\_\_\_\_  
PHA Representative